



# City of Lexington 2012 Transient Occupancy Return

Commissioner of the Revenue  
PO Box 922, 300 E Washington St, Lexington, VA 24450  
Phone: 540.462.3701



**Business Location:** 456 N WASHINGTON ST  
Lexington, VA 24450

**Due Date:** 2/21/2012  
**Account Number:** 10797  
**Taxpayer ID:** 12-3454646  
**Business Phone No.:** (540) 123-4567  
**Fax No.:**  
**Email Address:**  
**Date Business Began:** 1/1/2012  
**Date Business Ended:**

**Trade Name:** SALLY'S DINER  
**Mailing Address:** SALLY'S DINER  
456 N WASHINGTON ST  
Lexington, VA 24450

## January 2012 Filing Period

(Report due on or before the 20th day of the following calendar month)

1. Gross Receipts:	\$
2. Tax Due:	(6% of line 1 ) \$
3. DEALER'S DISCOUNT if remitted by due date:	(3.00 % of line 2 ) \$
4. Net Sales Tax Due:	(line 2 - line 3) \$
5. Penalties (late filing):	(5 % of line 4) \$
6. Interest, if applicable:	(8% per annum of line 4) \$
7. TOTAL DUE:	(line 4 + line 5 + line 6) \$

### Make All Checks Payable to TREASURER, CITY OF LEXINGTON

**DECLARATION:** I hereby swear or affirm that the amounts listed above are true, correct, and complete to the best of my knowledge and belief for the period stated above.

**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Please Print Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**INSTRUCTIONS:** Sign, date, and return this form along with check payable to Treasurer, City of Lexington on or before the 20th day of the following calendar month to the address below:  
**Commissioner of the Revenue, PO Box 922, 300 E Washington St, Lexington, VA 24450**

For Official Use Do Not Detach

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**Trade Name:** SALLY'S DINER

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